DOCUMENT RESUME

ED 171 037 **EC 115 246**

AUTHOR	Garrett, Geraldine H.; And Others
TITLE	PROJECT TREAT: An Inter-Agency Approach to Serving Severely Emotionally Disturbed Children in a Public School Setting and Sequoyah Mental Health Center.
PUB DATE	Apr 79
NOTE	46p.; Paper presented at the Annual International Convention, The Council for Exceptional Children (57th, Dallas, Texas, April 22-27, 1979, Session TH-79)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Adolescents; *Agency Role; Behavior Patterns; Classroom Techniques; Community Agencies (Public); Curriculum Development; Educational Diagnosis; *Emotionally Disturbed; *Interagency Coordination; Mainstreaming; Mental Health; Public Schools; *School Community Relationship; Special Education; Staff Improvement; Training Techniques
IDENTIFIERS	*Project TREAT

ABSTRACT

Six papers exploring Project TREAT (an alternative for the treatment of emotionally disturbed children) are presented. The first "Project TREAT and the Memphis City Schools Mental Health Center" (J. Paavola). The paper outlines the services provided by the center and explores methods of classroom management used by the city schools along with information on staff development and the counseling and therapy which the city provides. "An Historical Perspective of the Involvement of the Sequoyah Center" (T. Rhem) describes the Tennessee Re-Education program (training program for teacher/counselors) and lists the six "biases" under which it functions. The author examines the influence of behavior modification and learning disabilities on teacher/counselor training. "Teaching Techniques for Emotionally Disturbed Children in Project TREAT" (C. Randalls and G. Dean) discusses assessment, curriculum, class and behavioral structure, and the least restrictive environment. "Project TREAT: Special Education Division Memphis City Schools" (G. Garrett) explores the relationship of the city schools to the project. "A Teacher Education Course Module: Matching Teacher Style, Program Strategies, and Developmental Behaviors" (H. Rich) elaborates on methods used to facilitate learning. "Community Agency" (E. Montague) clarifies the interactions of three disparate agencies in the success of Project TREAT. (PHR)

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PROJECT TREAT

"An Inter-Agency Approach to Serving Severely Emotionally Disturbed Children in a Public School Setting and Sequoyah Mental Health Center"

Presented
by

Geraldine H. Garrett
Thomas N. Rhem, Ed.D.
Elisabeth Montague
W. C. McDaniel
James Paavola, Ph.D.
H. Lyndall Rich, Ph.D.
Carol M. Randalls
Gary H. Dean

Council For Exceptional Children

April, 1979

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PROJECT TREAT

and

THE MEMPHIS CITY SCHOOLS MENTAL HEALTH CENTER

Presented
by

James C. Paavola, Ph.D.
Memphis City Schools
Memphis, Tennessee

Council for Exceptional Children

April, 1979

MEMPHIS CITY SCHOOLS MENTAL HEALTH CENTER

The Memphis City Schools Mental Health Center is a specialized outreach children and youth program of the Memphis City Schools. It is also a significant component of the mental health services delivery system within Shelby County and works closely with the five Community Mental Health Centers in this area. Approximately 3,000 youngsters and their families are served each year.

The professional staff of Psychologists, Psychological Services Workers, School Social Workers, Alcohol and Drug Workers, and Psychometrists numbers 69 and is appropriately credentialed and highly qualified.

Services provided by the MCSMHC include:

a) diagnostic (psychological and social)

b) individual, group, and family therapy

c) consultation (principals, teachers, parents, other agencies)

d) work with Board Suspended students

e) Alcohol and Drug Abuse counseling

f) Alcohol and Drug Abuse prevention programs

g) Behavior Management programs

h) parent study groups (to assist parents in understanding and dealing with their child's special problems in learning disabilities, emotional disturbances, etc.)

i) staff development activities for Memphis City Schools staff (topics include Behavior Management, Adolescents, Learning Disabilities, Child Abuse, Communications Skills, etc.)

CLASSROOM MANAGEMENT

One of the top priority goals of the Memphis City Schools has been to develop values of mutual respect for the rights and property of others. This in many ways coincides with problems of maintaining discipline in the classroom. In response to this priority concern, the MCSMHC has devoted considerable time and effort in classroom management programs. Over the past three years, we have worked with individual teachers in their classrooms, with groups of teachers in workshop/presentation formats and with one entire junior high school. The goals of these various programs have been to improve student behaviors and to improve teachers' ability to manage their classrooms. Success has been documented in:

1) providing the teacher with effective methods of dealing with problem situations:

   a) reducing and/or eliminating discipline problems
   b) reducing the number of teacher-student conflicts and confrontations

2) helping to create an environment conducive to:

   a) effective teaching and learning
   b) good mental health of students and teachers

3) increasing the average daily attendance

4) reducing Home and Board Suspensions (one could only speculate here about subsequent reduced vandalism)

5) all grades, kindergarten through twelfth grade

In addition, several of our staff members have acquired considerable expertise in the area of classroom management and in response to invitations, have presented workshops at the local, state and national levels.

Our classroom management programs have basically followed three distinct strategies: a) a demonstration approach in which our staff actually assumes control of the classroom and demonstrates specific management techniques to the teacher (5 teachers this year); b) working with individual teachers to design a classroom management program which meets their needs (50 teachers this year); and c) a six to eight hour workshop for groups of teachers and administrators which combines the theoretical basis for classroom management with specific examples of how to apply it (15 workshops this year). We are presently collecting data which will help us determine which of the three approaches is the most effective under which conditions. Factors we are considering include: the personality and skill of the teacher; the personality and skill of the School Mental Health worker; the amount of time needed; the extent of the disruption in the classroom; and the degree to which each student is being taught at his/her level of academic accomplishment.

STAFF DEVELOPMENT

The Memphis City Schools Mental Health Center has a Training Coordinator who spends approximately 50 percent of her time developing and coordinating staff development activities for the 69 professional staff. Each staff member is required to spend a minimum of 50 hours each year in some type of inservice or continuing education. Our staff development program consists of lectures, workshops, mini-series specialty courses, learning about other agencies, working with an experienced professional in developing some specific skill, etc. Professionals from outside our program as well as our own staff provide the training. In addition, each staff member's skill and job performance are evaluated annually, followed by the writing of a contract in which the staff member commits to working on developing or improving a specific skill(s).

The Training Coordinator also serves as the official liaison with university programs. She coordinates the placement and supervision of doctoral level interns in Clinical Psychology from the Memphis Clinical Psychology Internship Consortium, masters level interns and practica students from the University of Tennessee School of Social Work and the Memphis State University School Psychology Program, as well as undergraduates from the Memphis State University and LeMoyne Owen College Social Work Programs. The Memphis City Schools Mental Health Center has provisional American Psychological Association approval as a component of the Memphis Clinical Psychology Internship Consortium.

COUNSELING/THERAPY

In the fall of 1974, the Memphis City Schools Mental Health Center began to include secondary schools in their regularly scheduled school visits. Our work with adolescents has increased accordingly. Approximately 35 percent of our referrals are from the junior and senior high schools. Also during this time, we recognized a very large need for counseling services. We began to reorient our program to meet these needs. Since that time, we have more than tripled our individual, group, and family counseling case load.

Extensive psychological evaluations, counseling/therapy provided by the psychologists of the Memphis City Schools Mental Health Centers are an integral part of Project TREAT and adds to the high success rate of these students returning to the regular classroom.

PROJECT TREAT

An Historical Perspective Of The Involvement of Sequoyah Center

Presented
by

Thomas N. Rhem, Ed.D.

Council For Exceptional Children

April, 1979

Let us begin this presentation with a rather brief history of Sequoyah Center. Sequoyah Center is currently the Children and Adolescent Unit of the Memphis Mental Health Institute. It is one of five residential treatment centers publicly owned by the State of Tennessee providing in-patient services for seriously emotionally disturbed children and adolescents. Sequoyah Center began its operation as one of the centers of the Tennessee Re-Education Program, or as it is better known as Project Re-Ed. Project Re-Ed was a unique concept in the care and treatment of the emotionally disturbed. The genesis of Project Re-Ed is quite interesting. It began in 1954 when the Southern Regional Education Board undertook to survey the resources of mental health services in sixteen states in the Southeastern part of the country. Actually the main focus of the study by the SREB study was not so much services as training. In the South as a whole and also in Tennessee the picture was extremely bleak. There were few, if any, trained professionals caring for the emotionally disturbed, and the picture became even more dismal when one observed the state facilities. At that time our public facilities caring for the emotionally disturbed were no better than snake pits. A typical picture of a state institution caring for the emotionally disturbed was: one or two attendants; a large bare room with a shower and a drain at one end; nothing on the walls; children clothed in rags; a stack of diapers for the great many who had little, if any, toilet training; and a generally pervasive attitude of helplessness and hopelessness. The conclusion of the Southern Regional Education Board was that the lack of services was not due to apathy or to money, but simply to a lack of trained competent staff. At that time, Dr. Nicholas Hobbs who was a professor of Psychology at Peabody, and who was to later become President of the American Psychological Association, was appointed as chairman of a search

committee to find a model for training staff to care and treat the emotionally disturbed. Dr. Hobbs did not limit his study to the United States but also studied the school system of Glasgow, Scotland, which included residential treatment center; and the educateur model in France. It was the educateur movement that most impressed Dr. Hobbs. The training of the educateur of the late 1950's is most analogous to the current training of a master's level special educator in the United States. However, when Dr. Hobbs observed them with children in French treatment centers, he found the conceptual framework of such training revolutionary. Dr. Hobbs was so impressed that he returned to the United States and secured a National Institute of Mental Health grant to begin a training program for professionals to care and treat the emotionally disturbed. The training program was begun at Peabody College in 1961, and the first group of trained professionals called teacher-counselors opened the first Re-Ed school, Cumerland House, in Nashville, Tennessee, in the fall of 1962.

Project Re-Ed soon flourished and spread throughout the State of Tennessee and to various parts of the country. Outside Tennessee there are excellent Re-Ed centers in Pittsburg and in northern California. It seems certain that many of you would have the question, "What is the training of a teacher-counselor in a re-education center?" There is no simple answer as, the training of teacher-counselors has always been dynamic and in no way static. Today teacher-counselors come from many universities and have received a wide divergence of training. However, I think that Dr. Hobbs original five biases give a clear picture of the teacher-counselor even given a wide divergence of training.

The Re-Ed biases were stated by Dr. Hobbs in 1963 and they are:

1) A learning bias

Teacher-counselors assumed that a great deal of the problem of the disturbed child is that he has acquired unacceptable, inappropriate and/or unproductive habits. A further assumption is that the child has learned these behaviors interacting with significant others. Since these behaviors have been learned it is their belief that they could be unlearned, and more productive behaviors substituted.

2) A time bias

The re-education staff believes that if they can so program a child's day as to make it exciting, focusing upon reinforcing productive behaviors the child can generally in six months or less be ready to return home and to school.

3) A growth bias

Children are still open to new experiences which can cause tremendous behavioral change. A special note is the child who has never experienced a warm trusting relationship with an adult. Think how powerful that can be when he first learns it.

4) A social systems bias

A Re-Ed teacher-counselor assumes that a great amount of the youngster's difficulty lies in his ecology and not only in intrapsychic terms.

5) A bias away from "dynamic" psychology

Project Re-Ed does not deny the great benefits of individual psychotherapy; however, since they are not trained in that skill they should avoid such techniques.

6) An adiagnostic bias

In Re-Ed, labels are only important when they indicate the nature of treatment. Therefore, while traditional psychiatric categories may have relevance for other professionals, they are of little value to teacher-counselors and are perhaps best avoided.

Since the early 1960's the training of the teacher-counselor has been influenced by two broad movements: behavior modification and learning disabilities. The original training of teacher-counselors centered on group process theory. It was felt, at that time, that children who were disturbed could still function in groups with the teacher-counselor serving the role of facilitator of communication. While this was, and still is, an important part in the training of a teacher-counselor, by itself it is an insufficient technique for the care and treatment of the emotionally disturbed. A classic example of the insufficiency of group process is the Cougar Group as it functioned in the late 1960's at Sequoyah. The teacher-counselor in charge of the group was highly skilled and well trained and during the morning hours was averaging about two hours per day in group process. I should mention that the group process in Re-Ed is referred to as pow-wow. In one hour I counted five chairs being thrown, two fights and an interminable list of cuss words. In short the group was out of control. This type thing was not only true at Sequoyah but was occurring at several other of the Re-Ed centers. It was, in fact, so distressful that it caused a serious re-thinking, at least in my mind, of the process of Re-Ed. Several of the staff got together and began to try to define the problem. After not too much thought, the problem became quite clear: we could not control and discipline the children in an effective way. The next question was why? After some further reflection it became clear that what we needed was a basis to begin our re-assessment. That basis of

re-assessment was the definition of an emotionally disturbed child from the viewpoint of a teacher-counselor. In other words what is a seriously disturbed child and what can a teacher-couselor do about it. It seems to me that from an educator's standpoint an emotionally disturbed child is one who can not be controlled by punishment or the threat of punishment. It now seems quite clear that the vast, vast majority of youngsters referred to Sequoyah are referred because their teachers and/or parents can simply not maintain control over them. To say it slightly differently, from the viewpoint of a teacher-counselor an emotionally disturbed child is one you can not threaten into being good. It is, of course, obvious that psychologists, psychiatrists, and other professionals may view the disturbed child in quite a different light. There is no argument with that; however, the teacher-counselor is concerned that taking an inappropriately acting child and by devising certain strategies have a child who can leave the center, return home and to school and function in his environment in a productive fashion. Therefore, given this definition of an emotionally disturbed child it then became apparent that new techniques were needed for his treatment, and it took little time for us to realize that those techniques were in the field of behavior modification.

It is appropriate at this juncture to define what is meant by behavior modification. In the viewpoint of many people behavior modification is simply controlled and scheduled punishment. However, the teacher-counselor at Sequoyah Center and other centers have envisioned behavior modification in quite a different light. There are three over-riding principles of behavior modification as envisioned in the re-education process at Sequoyah Center. The three principles are: (1) the operational definition of reinforcement, (2) the realization that there is some level of awareness of one's own behavior, and (3) for human beings there are multiple results to our behavior.

Let us briefly develop each of the three principles. In the first place, the operational definition of reinforcement means simply that anything which causes a behavior to continue or increase is positive reinforcement and that any thing which causes a behavior to decrease or become extinct is negative reinforcement. Secondly, it is of great importance that we stress the fact that generally humans have some level of awareness of their own behavior. This means that we can monitor our behavior and that we can assist in the process of behavioral change. In the third place, it should always be kept in mind that when human beings behave there are multiple results of their behavior. This principle is essential in the implementation of strategies in environments other than the scientific laboratory. The world of a rat in a maze is a far cry from the world of a child in a classroom.

It is perhaps here appropriate that a short vignette be given to explain the operation of these three principles. Let us take a small bit of behavior: Johnny, in the second grade, yanks the hair of the little girl in front of him. What happens? Why is it that when reprimanded some of us stop the behavior while others continue and begin to exhibit even less appropriate behaviors. In other words when we were punished we stopped the behavior while others when punished do not stop the behavior. In other words when and why does punishment fail to work.

Let us again look at the situation of the young boy who exhibits a piece of undesirable behavior such as pulling the girl's hair in front of him. We tend to focus on the teacher response to such behavior. We think that if the teacher says something abrasive that that is punishing and can effectively stop a behavior. However, in the instance of this young boy it does not work. A plausible explanation as to why it doesn't work is that the teacher may, in fact, have positively reinforced him for such behavior.

It has been well established that ignoring the behavior is often much more effective in reducing such behavior then attending to it. Additionally, it is known that children will quite often act out in attention seeking fashions. In short, the first result of this child's behavior is positive reinforcement in terms of teacher attention. The second thing that occurred while he was pulling the girl's hair or rolling the pencil is that he was avoiding the aversive task of his school work. Remember that it was stated that human beings are aware of their own behavior up to some extent. So that in this case the youngster is removing something which is troublesome from his environment. So essentially what has occurred is negative reinforcement, the removal of the stimulus from his environment. The third result of this child's behavior was that he was most likely reinforced by his peers for acting out. Children,especially boys, often act out merely to see the approval of their peers. The fourth result that we can look at concerning this behavior is the involvement of the family. We all know that it is generally thought that parents are brought in the school to be told how bad their children are. It does not seem plausible in inspection that having the family members of an acting out child come in would assist in the reduction of inappropriate behaviors. The only thing they can do in such situations is feed in and attend to those kinds of behaviors which we are trying to reduce. Parental punishment is truly only effective when it is a negative reinforcement technique. That is, a child will avoid particular kind of behavior when he senses that he has lost the love, esteem, or approval of his parents. If a child does not sense that he normally has such approval, punishment is of little effect except as an avoidance technique. Many of us who had good parents remember a behavior which our parents truly disapproved of. Many of us asked our parents to go ahead and punish us and get it over

with so that we could again have their approval. Parental punishment is only effective when such relationship between the parents and child exist.

Let us briefly examine these four results of behavior in terms of strategies used by teacher-counselors in the re-education program. The first result is adult approval. We try to have our staff reach the approval/disapproval rate of 80% to 20%. It seems to have been pointed out fairly clearly by Madsen and Madsen that such an approval/disapproval rate will insure optimal ontasked behavior in a classroom. Also, their studies have shown that few, if any, regularly trained teachers ever hit such high approval rate, and it is oftentimes the case that the disapproval rate is higher than the approval rate. The second result that we deal with in the re-education program are the tasks we ask children to accomplish. No tasks should be beyond the competency of a child for he would simply invent avoidance technique and create a situation of frustration. The third result that we deal with is peer relations. It is important that we set up situations in which peers can positively reinforce more appropriate behaviors. One way which this is accomplished is through the pow-wow. Each week a child has a goals which is discussed in pow-wow. If the child makes his goal he's voted a plus. This means that he is reinforced for appropriate and competent behaviors. The fourth result with which we deal concerns the family. It is our belief that the child must have weekend visits in which the parents have the opportunity to reinforce him for accomplishing things which are within his limits. The families of most disturbed children are greatly stressed and confused, and they really do not know what should be done consistently with their child. Therefore, if one begins with goals that are simple to achieve and instruct the parents in good reinforcement techniques and reinforce the parents for using those techniques they can begin to see

their child as a competent person. This, it is felt, is the beginning of the establishment of a warm and trusting relationship.

While the impact of behavior modification remains pervasive, learning disabilities has also greatly influenced the development of Re-Ed and its subsequent heirs. The treatment of learning disabilities like the use of behavior modification was not part of the original development of Re-Ed. In fact early on it was felt that it was rather useless to continue formal education of any kind while the child was in the treatment phase since there were so many more important tasks at hand for the disturbed child. However, it soon became evident that education was essential because as Dr. Charles McDonald, one of the directors of Re-Ed noted, the educationally incompetent child lives in a world so stressful that other treatments are futile without academic therapy. Two points became clear:

(1) learning disability was often the cause of emotional disturbance; and

(2) changes in behavior were often eroded by academic difficulties when children were returned to public school. It needs to be remembered that this was new thinking in the mid to late 1960's.

Because of the two reasons listed above the assessment and remediation of learning disabilities became a part of the treatment paradigm of each child admitted. The early experience with this aspect was similar to what the parents of learning disabled children find out. The field of learning disabilities sadly has its share of charlatans and there is no quick cure for the disabled learner.

The first programs implemented on looking back were at best foolish and fadish. The staff soon came to the same viewpoint as they did with behavior modification, practicality. Lofty theories are fine for ivory lower thinkers, but the concern was "What do I do with this child who cannot read?" Again the answer was "Let's do something that works."

learning disabilities in summary has been quite similar to our experience with behavior modification do what is practical, do what works, and keep it simple.

Much has been said about Project Re-Ed at Sequoyah Center. Now let us turn our attention to the involvement of Sequoyah Center with Project Treat. Project Treat is a unique approach to the treatment of a severely disturbed child. Essentially it is a consortium arrangement in which staff are provided by both the Division of Special Education of Memphis City Schools and Sequoyah Center, The project grew out of the efforts of Mr. Harold Perry, the Director of Special Education, Memphis City Schools; Mr. Neal Buchanan, who was then the principal of Sequoyah Center; and Mr. Wilton Wilner, who was then the director of a foster care service for disturbed children in Memphis. These gentlemen realized that the three agencies mentioned above could pool their resources, and provide an effective alternative for the treatment of disturbed children.

PROJECT TREAT

Teaching Techniques for Emotionally Disturbed Children in Project Treat

Presented by

Carol Randalls
Gary Dean
Memphis City Schools
Memphis, Tennessee

W. C. McDaniel
Sequoyah Center
Memphis, Tennessee

Council For Exceptional Children

April, 1979

Each of our three TREAT classes consists of eight - ten students, one teacher, and one aide. Before a student enters our program, the following process occurs:

The child is referred to Special Education, usually by parent, counselor, or regular classroom teacher. Whenever possible, one of the TREAT teachers is given the opportunity to observe the child in his present classroom setting. Since one of us will be teaching that child, we appreciate this opportunity to give input into the decision concerning the child's suitability in our program.

A formal assessment meeting is the next step. Parents are notified and meet with at least three educational representatives to discuss their child's placement. The assessment members generally include parents, regular teacher, Special Education teacher, guidance counselor, and Special Education supervisor as well as principal and any other specialists who have worked with the child. If the consesus of the group is placement in the TREAT program, the child will enter the most suitable class.

After we allow the child a period of adjustment so that he feels comfortable with his surroundings (and hopefully, with his teacher), we administer an informal battery of diagnostic tests, the Memphis City School "Recipe for Learning. The child may be tested in the areas of math, reading, leanguage, phonics, spelling, and handwriting. A behavioral check * list is also included in the child's assessment.

* Slide
* Acetate Sheet
* Sheet

* When results from testing are obtained, an Individualized Educational Program is written in behavioral terms (in compliance with P.L. 94-142).

This initial assessment gives us a good indication of the child's academic, social, and behavioral levels; the I.E.P. aids us in focusing on the child's strengths and remediating his areas of weakness. Beyond the initial testing

and year end testing, continual updating and re-evaluating occur during each report card period. * Sheet

This frequent updating aids us in evaluating the child's progress based on his own potential rather than comparing his achievements with those of his peers. Because many of our students have behavioral problems that may be linked to lack of academic success, we strive to maintain an environment where the child
* Slide academic (as well as social) success regardless of his level of functioning.

In addition to our informal evaluation, a formal psychological battery of tests is administered by a city schools psychometrist, a community mental health psychometrist, or a private psychologist or psychiatrist. The psychological usually includes I.Q. testing, achievement tests, and some form of projective testing, as well as recommendations concerning methods that would be most effective in teaching or working with the child.

CURRICULUM

In addition to teacher made materials, the TREAT program is fortunate to have several sources from which to establish its curriculum. The school system operates a Special Education Curriculum Lab from which we may borrow texts at all levels, learning kits, audio visual aids, etc. Sequoyah Center also provides us with texts and materials. These sources, together with an annual cash allotment from the school system, provide us with a more than adequate range so that we may choose those materials most suitable for our students' individual needs.

In addition to the curriculum we TREAT teachers design, the Memphis City
* Slide Schools also provide self-contained Special Education classes with special art, music, and physical education teachers on a rotating basis throughout the school year.

Because the development of a positive self image and the ability to understand others is such an important part of our students' needs, affective teaching is an important part of the TREAT curriculum. Affective activities range from formal group process led by a psychologist * SLIDE to daily evaluation sessions, informal discussions, question and answer peiods, and just plain "gripe sessions."

III. CLASS STRUCTURE

The class is structured in such a way as to make optimal use of our curriculum. In order to encourage self-confidence and a sense of security, a regular routine is quickly established in each TREAT class. The students know what will be expected of them and can begin their mornings work with a sense of confidence. As the child completes each task it is evaluated by the teacher or aide, and individual help is given where needed.

As the student is able to complete more tasks with confidence, we attempt to challenge him with more difficult and less predictable material. The routine then becomes less "routine" to encourage emotional and academic growth.

The classroom itself is set up to encourage this growth. Those students who are more distractable or volatile are provided with more "personal space" through the use of partitioned areas *Slide. Here the student may display his work or those things important to him. His area is also a place he may go to deal with feelings of anger, frustration, etc. either alone or with a teacher or peer.

If a child needs more contact with peers, or progresses to a level whereby he is able to interact better, he may be moved to an area similar to *SLIDE the regular classroom set-up. Again we attempt to allow for individual needs

while at the same time encourage more "regular class behavior" whenever possible.

* Slide The teacher aide is very important component of the TREAT program, and we are fortunate to have excellent ones. The aide's duties include running off materials, assisting with clerical work, grading papers, etc. In addition, our aides allow us the freedom to work with those students who need more individual attention, meet with parents, deal with crises, etc.

IV. BEHAVIORAL STRUCTURE

A major emphasis of our program is providing students with positive experiences which they are encouraged to earn through a structured behavior management program. Our strongest motivator is the opportunity to earn a weekly goal trip. A specific number of earned points is required to qualify for this trip. These points are earned on an hourly basis *SLIDES *Sheet. Bonus points may also be earned for specific behaviors or goals that the child needs to concentrate on. These bonus points allow us some flexibility in evaluating the child based on expectations of him as an individual.

The major means of earning bonus points is through the avhievement of specific
* goals. Each child has an individual goal which has been established co-operatively by teacher, individual, and his peers. As he achieves one goal, a new one is established.

When the child has earned the required number of points, he is allowed to go on a Friday morning trip. The trips are quite varied: A trip to the local
* Slides museum, the zoo, a city park, a radio station constitute some of our weekly trips. While some of the trips are academically oriented, some physically

oriented, and some are "just for fun," socialization skills are always emphasized. Appropriate behavior for the place we choose to go is generally discussed beforehand, and excellent conduct is the norm on our Friday trips.

If a child does not earn the trip, he remains at school and completes his regular classwork under the supervision of the aide. Acceptable handling of
* Slide this disappointment is emphasized, and time for discussion is allowed if necessary.

Another means of reinforcing desired behavior is by using earned merits to purchase occasional free time, school supplies, or occasional "extras" the
* Slide teacher may provide. Occasionally we even auction off these extras - sneaking in a lesson in math as well as one in priorities!

* slide Peer involvement is another reinforcement method. The students vote on a "kid of the week," who is allowed special privileges. They also have a daily discussion time - an evaluation period we call "Bow-Wow" - where individual
* Slide problems and accomplishments are discussed.
& Tape

Other means of encouraging desired behaviors include various special rewards: an individual trip with the teacher, a lunch at a restaurant, or perhaps just
* a private time at school with the teacher or a special friend.

Parents are also involved in the positive reinforcement effort. Each week an evaluation sheet is sent home so that the parents may see their child's
* Acetate areas of strength and weaknesses for that week. Phone calls, home visits,
Sheet and close contact with the student, social workers, physicians and psychologists further encourage home involvement

V. LEAST RESTRICTIVE ENVIRONMENT

As a child begins to progress in the TREAT program, return to the regular

classroom becomes a major goal. We begin this process cautiously; discussing the possibility with a cooperative classroom teacher as well as with the child and his parents. We further prepare the student by placing gradually increasing demands on him, both academically and socially.

We generally begin the mainstreaming process by placing the student in the regular class for short periods of time - sometimes just for one academic subject a day. If the student and his new teacher are satisfied with his performance, the time is increased. Often the student will spend a semester going to regular classroom in the morning but rmeaining in the afternoon program at Sequoyah to increase his self-assurance. By the following semester, many though by no means all, students are ready to return to the regular class on a full-time basis.

Since the teacher who accepts a part-time student is volunteering her time, we attempt to re ciprocate by sharing materials, ideas, and involvement with some of her students. This "diplomatic approach" assures us of regular classroom placement for future TREAT students.

We maintain close contact with our students who return to the regular class. In many cases we follow their progress to new schools and continued to work with the students and parents, as well as their new teachers.

I. SUMMARY

PROJECT TREAT

SPECIAL EDUCATION DIVISION
MEMPHIS CITY SCHOOLS

Presented
By

Geraldine H. Garrett, Consultant
Division of Special Education
Memphis City Schools
Memphis, Tennessee

Council for Exceptional Children

April, 1979

PROJECT TREAT

Project Treat is an innovative program designed for the treatment of severely disturbed children combining the skills and resources of three separate and different organizations. The project was developed by a child welfare agency, a board of education and a mental health center.

The Memphis City Schools: a large urban educational system that includes among its services a wide range of special education classes for emotionally handicapped children, as well as psychological and psychiatric diagnosis and counseling. The major goals of the Treat Program are to establish functional, constructive methods and/or procedures of instruction that will best meet the individual educational, and emotional needs and abilities of children who are unable to adjust to either a regular classroom, or to the classes designed for mildly disturbed children. Highly trained and skilled teachers and aides are provided for eight (8) to ten (10) children per class, - four classes in selected elementary schools.

Psychologists in the Memphis City Schools Mental Health Centers provide pre and on going psychological evaluations for each child and are on call for in-depth counseling. There is a coordinated effort on the part of the three agencies in the screening and selection of the students using the M-team approach, as a joint intake committee. The children must have the potential of normal intelligence. The existance of central nervous system or other organic difficulties will be no bar to admission if they contribute to or complicate emotional disturbance, provided proper medical treatment can be effective. The program will not serve psychotic children.

The IEP (treatment plan) designed at the Joint Intake Committee Meeting will guide all the participants in their goals and daily contacts with the

children. There is individualized academic programming in the morning provided by teachers under the supervision of the Division of Special Education. At noon two staff members from the Sequoyah Center go to the public school for afternoon team teaching activities in Science and Social Studies. At approximately 2:00 p.m.,the children leave the public school campus with the staff from Sequoyah Center to participate in recreational activities, such as swimming, bowling, archery, group sports, arts-crafts, and camping activities. For the remainder of the afternoon, the children are involved in"pow-wow" sessions discussing their progress, or lack of progress, in reaching their daily goals. The students leave Sequoyah Center around 4:30 p.m. Students are transported to the public school setting in the morning, to Sequoyah Center at noon, and finally to their homes late afternoon by the Special Education mini buses. This schedule is four and one-half (4 1/2) days a week, using Friday afternoons for conferences among the staff to discuss each child's progress and coordinate planning, or for parent conferences.

Selection of the school site, well trained principal, and understanding faculty is a key factor to the success of this program.

When the child enters the program, parents are to take the child to school, to complete the registration card giving emergency telephone numbers, and to sign permission slips authorizing the child to participate in the afternoon activities.

If a child is on medication, parents are asked to provide written instructions, reactions and possible side effects of which the staff should be aware, and provide a supply daily to be kept in the principal's office. If

there is any change in the medication, written instructions should be sent to the school.

This is a total integrated approach to helping improve each child's adjustment with the ultimate goal of having the child return to a regular classroom when the entire staff and M-team involved feels the child has made sufficient progress to move gradually out of the total program.

The participating agencies recognize the importance of constantly coordinating and integrating all services into a unified approach to the child and his parents.

PROJECT TREAT

A Teacher Education Course Module: Matching Teacher Style, Program Strategies, and Developmental Behaviors

Presented
by

H. Lyndall Rich, Ph.D.
Department of Special Education
Memphis State University
Memphis, Tennessee

Council For Exceptional Children

April, 1979

TEACHER EDUCATION AND THE EMOTIONALLY DISTURBED

H. Lyndall Rich

For the past several decades special educators, particularly those concerned with educating emotionally disturbed children, have been involved in a professional controversy over "the" way to educate disturbed children. Specifically, the controversy involves which program strategy--or teaching procedure--is most effective for disturbed students. In many programs it is obvious that the teacher, by choice or administrative requirement, emphasizes a certain theoretical program strategy and excludes others. For example, a program may rely heavily upon a reward system--praise, tokens, and checks for appropriate behavior. Another classroom program may emphasize stimuli reduction, sequential cognitive activities, and cubicles. And a third program may encourage personal interaction, positive relationships, and self-discovery learning. Unfortunately, these theoretical programs are often implemented on a wholesale basis, regardless of the child's problem, the child's needs, or other theoretical program options.

Much of the blame for the use of a singular, omnipotent strategy can be placed on teacher educators. This insistence upon a singular theory and strategy approach has been used to train teachers and develop programs devoted to a singular, theoretical orientation with minimal tolerance for alternate strategies. The impact of William Cruickshank, B. F. Skinner, Sigmund Freud, Carl Rogers and A. S. Neill, to name a few, are evident in the way prospective teachers are instructed, the books they are required to read, and the competencies they are to demonstrate. It is rare to find an operant trainer talking about self-determination or self-concept; it is equally rare to find an advocate of dynamic education talking about behavior modification or stimuli reduction.

Fortunately, classroom teachers make adjustments. The realistic and practical demands of the classroom make it necessary to borrow bits and pieces from each strategy, alternating their approach to fit the child, the situation, or the crisis. Thus, teachers by necessity become eclectic, using the best from each strategy.

As a professional teacher trainer, it is difficult to determine why we engage in such rigidity, accepting one strategy, excluding other strategy alternatives and possibilities. Perhaps we have learned that there is but one approach, or that we feel personally comfortable with one approach, or that we subconsciously identify with one approach, or we were just born that way. Whatever the reason(s) for perpetuating this singular program dimension, special educators can acknowledge that there is an array of programs which are cognitively and affectively different, and that disturbed students constitute a variety of needs and problems. Given this variance in both programs and students, then the conclusion must be that no single program is most effective for all disturbed students. Consequently, our energies would be more profitably directed if special educators sought to determine which program strategies were most effective for which disturbed students.

At Memphis State University, the teacher training institution that has supplied many of the Project Treat teachers, there is a conscientious effort to "break down the walls" of traditional training that has emphasized a singular theoretical strategy emphasis. This has been accomplished thru two primary approaches. First, new faculty have been employed based upon their diversity of skills and interests. Faculty have been employed because of their competence in such areas as diagnostic-prescriptive teaching, behavior modification, and affective education. Their training in specific categorical exceptionalities (i.e., emotional disturbance, mentally retarded, learning disabled, etc.) was of secondary concern.

Second, the course structure was modified to reflect generic skills, methods, and procedures, with minimal emphasis on the separate categories of exceptionality. This is not to imply that categories have been eliminated, but that emphasis has changed.

Both faculty skills and course structure of Memphis State University were percipitated by new teacher certification regulations in the state. By 1980, Tennessee will begin issuing a generic, non-categorical teaching certificate in Special Education. Except for teachers of the visually limited and hearing impaired, teachers within the traditional categories of emotional disturbance, behavior disorders, mentally retarded, and learning disabilities will have a single, generic certificate. Tennessee is not alone in this transition. A number of states have adopted or are considering the adoption of "common standards" for certification.

But, realistically, faculty were trained in categorical areas; special educators still communicate in terms of categories; most textbooks are categorical; and even P.L. 94-142 specifies categories. In short, "A rose by any other name would smell the same." In terms of the mildly handicapped student in the regular classroom or the resource room the generic designation seems reasonable; in terms of children with more severe problems the categories will remain for some time to come.

At Memphis State University, the basic approach is to: (1) assess the cognitive, affective, and behavioral status of the child; (2) plan appropriate methods and materials based upon the assessment; and (3) implement the program in a practicum setting. These steps are completed, regardless of the categorical labels.

My particular interest within the teacher training program is to "match" teacher styles, special students (with emphasis on the disturbed) and program

strategies. This interest is based on the theoretical belief that teacher styles, programs and learners are individually different, and that the three factors can be "matched" to achieve maximum effect.

Although grouping techniques by categories, particularly the emotionally disturbed, have identifiable economic and administrative advantages, restrictions and limitations must also be considered. Historically, grouping in special education has been based on disability labels which presume a homogeneity in learner attributes. However, terms such as emotional disturbance have not been conceptualized as programmatic traits but as convenience labels based on a singular, non-critical learner characteristic.

Recent developments in the identification of more effective educational "matching" procedures have taken the form of person-environment of aptitude-treatment interaction (ATI). In short, ATI is the systematic adaptation of instruction based upon learner attributes and for which there is a predictable outcome.

Briefly, the "match" proposed is as follows:

Teacher Style. The construct frequently used to describe teaching style has been ascribed to a continuum of teacher to student centered behaviors. In the final analysis, this teaching style dimension can be described as representing a control continuum. Although the descriptive nomenclature may vary (e.g., authoritarian-democratic, direct-indirect, or controlled-reflective), the critical factor is the exercise of power by the teacher. "In essence, the ...continuum involves the extent to which the teacher makes decisions for the child" (Kauffman & Lewis, 1974, p. 281).

Terms such as direct, dominant, and authoritarian styles are reported to be characteristic of high control approaches in which the interaction and objectives are more inclusively regulated by the teacher. Indirect, reflective, and democratic

styles have been associated with low control approaches in which students assume intrapersonal and interpersonal regulation. Thus, low teaching styles are characterized by a limited exercise of control and more facilitative interaction patterns (Rich, 1978).

Program Strategies. Rhodes and Tracy (1972) in their multi-volume work on child variance define an intervention strategy as "...a mediational process which enters into the variant reciprocity between a child and his world, to affect that reciprocity, and to promote a different outcome than would have been expected without such interposing" (p. 27). Specific intervention strategies, or interposings, have developed from theories which "...employ the same basic methodology..." (p. 2); "...share a common orienting outlook..." (p. 2); and "...agree regarding basic amelioration..." (p. 3). Based upon these assumptions, five categories of theory were identified: (1) biophysical; (2) behavioral; (3) psychodynamic; (4) sociological; and (5) ecological.

The sequence is not random, but represents a logical progression with the first theory (biophysical), "...representing the most individual and physical focus...," while the last theory (ecological) represents "...the most universal and complex focus" (p. 5). The program intervention strategies that have evolved from the theories follow essentially the same progressive sequence as the theory construct; that is, from specific, concrete, behavioral focus to a global, inferred, affective focus. Whereas, structured, behavior modification, and engineered programs are typical of highly controlled strategies, psychoeducational, open, and dynamic programs are characteristic of low controlled strategies.

The extent to which the teacher controls the classroom, or makes decisions for the child, correlates with the intervention strategies. The operation of a structured or behavior modification strategy, which requires stringent time and behavioral schedules, measured in small hierarchical increments, is more

consistent with the high control teacher style. Psychoeducational and dynamic strategies emphasize feelings, freedom, and insight that are more consistent with low control teacher styles.

Emotional Disturbance. Rather than deal with terms, such as, autism, behavioral disorders, and neurosis, emotional disturbance may be conceptualized as developmental levels of functioning. Developmental behavior problems, in the context of this paper, are the manifestation of repeated and consistent behavior patterns which would normally appear at a different chronological age. Thus, the greater the disparity between chronological age and developmental behavior, the more severe the problem. Swap (1974), Warren (1969) and Wood (1975) have constructed similar developmental arrangements of hierarchical behaviors by combining the models of human growth and development.

A summary compilation of the behaviors presumed from the theories, holding individual variance constant, indicates the following continuum of severity: (1) unsocialized; (2) protective (withdrawal, compulsive, and dependent); (3) defining or testing (negativistic, aggressive, and assertive); and (4) independent. The four developmental behaviors, including the sub-category behaviors, represent progressive development; however, the distinction between some behaviors is relatively minor and may be more a function of individual manifestation rather than severity.

The three hierarchical continuum (teaching styles, strategies and behaviors) can be visualized as vertical parallel constructs that match horizontally. Figuratively, the paradigm is much like a ladder with the supports representing learner behaviors and program strategies. The steps, or rungs, represent the points at which there is a match (Figure 1).

This model indicates that children who are functioning on a basic or the lowest developmental level would require a controlled program, typical of a

structured or stimuli reduced environment. The opposite extreme, that is the highest level of development, suggests grossly different "matched" factors. Children who are independent or assertive, or who are attempting to meet higher level objectives, are best facilitated in more "open," dynamic environments with indirect teachers.

Factors falling between the high and low developmental extremes would require proportionate shifts within the intervention. As the child's behavior changes to a more advanced level, then the intervention strategy would need to shift accordingly. The shift may involve the phasing out of tangible rewards, the elimination of a limit, the introduction of the child to a problem-solving group, or, as Garner (1976) has suggested, combining behavior modification with feeling oriented therapy.

Educators need to facilitate the movement of the children who are functioning on the basic levels to the higher levels. Therefore, controlling programs must, in progressive steps which are consistent with the child's change, become less controlling. Structured, external control environments must evolve into self-directed, internal control programs. And objectives must progress from the specific, concrete knowledge and receiving levels to higher order cognitive and affective objectives.

The "matched" model presented is a conception which has theoretical and research support. However, the specific factors included, and the relationship between the factors, require greater specificity and research documentation. It has become evident that special educators need to develop a procedure by which children are introduced to intervention strategies which are appropriate to their pathology and their developmental level. The conclusion stated by Morse, Cutler and Fink (1964) is as appropriate today as it was 14 years ago: "There is no doubt that certain kinds of teachers fit better into certain

kinds of programs, and that certain children are more ready to respond to one or another program types" (p. 129). This "matching" model has been presented as a procedure by which the best "fit" can be accomplished among the teaching-learning factors.

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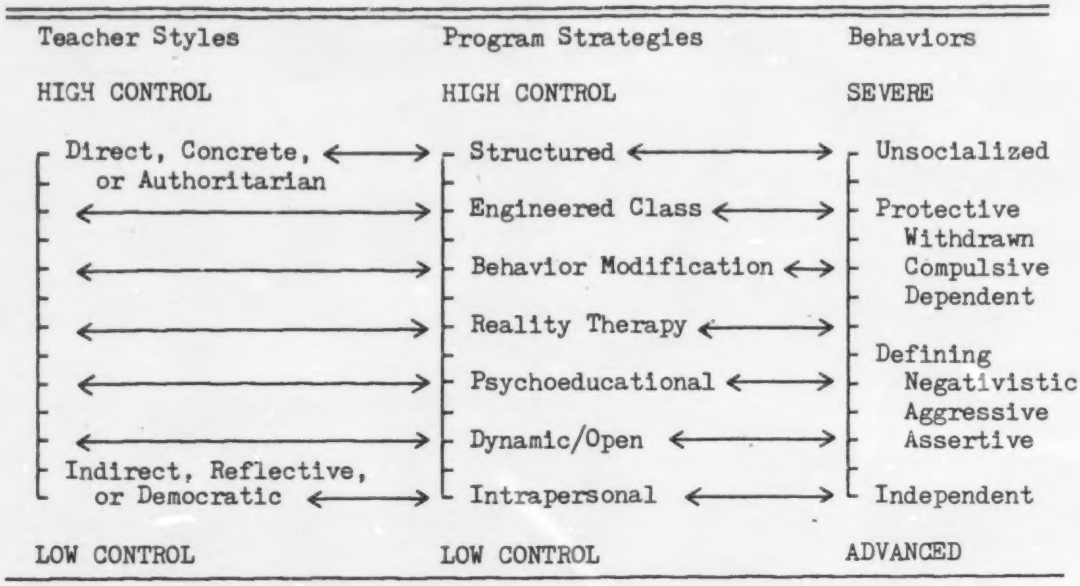
Figure 1

A Teacher Education Course Module:
Matching Teacher Styles, Program Strategies, and Developmental Behaviors



NOTE: The match among the continuums is determined by the horizontal proximity (arrows). The continuums should NOT be conceptualized as a specific point, but as a restricted range on the continuums.

A MATCHING MODEL FOR EDUCATING THE EMOTIONALLY DISTURBED AND BEHAVIORALLY DISORDERED

Construct Continuum	Theories of Causality	Intervention Strategies	Objectives: Cognitive (Affective)	Teacher Style	Developmental Behaviors
Physical, Specific, Individual	↔ Biophysical	↔ Structured	↔ Knowledge (Receiving)	↔ Direct, Authoritarian, Concrete, Or Cognitive	↔ Unsocialized
		↔ Engineered Class*			
	↔ Learning-Behavioral	↔ Behavior Modification	↔ Comprhension (Responding)	↔	↔ Protective Withdrawn
			↔ Application (Valuing)	↔	↔ Compulsive
	↔ Psychodynamic	↔ Psychoanalytic			↔ Dependent
			↔ Analysis	↔	
		↔ Psychoeducational			↔ Defining (Testing) Negativistic
	↔ Sociological+		Synthesis	↔	
		↔ Open Education	↔		↔ Aggressive
Universal, Inferred, Complex		↔ Intrapersonal	(Organ-ization)	Indirect, Democratic Reflective,	↔ Assertive
	↔ Ecological+			Or Affective	
		↔ Countertheorists	↔ Evaluation	↔	↔ Independent

*Also known as the Developmental Strategy, Santa Monica Project, and the Madison Plan
+Often combined and ref erred to as environmental

Each factor on this table is represented by a hierarchical continuum which reflects progressive change and/or adaptation. These theoretical contructs are presummed to constitute a remarkable degree of consistency between and/or among the continuum. Therefore, the table is to be read horizontally (arrows) to determine the most probable matched factors. The table must be interpreted with a degree of flexibility: all of the factors will not match with precision.

TREAT PROJECT

COMMUNITY AGENCY

Presented
by

Elisabeth Montague, Consultant
Division of Special Education
Memphis City Schools
Memphis, Tennessee

International Convention

April, 1979

TREAT - COMMUNITY AGENCIES

Three disparate agencies working together can provide monumental service to students if certain factors are present. There must be a willingness and ability to work together. Each agency must carry a fair share of the load without trying to dominate the proceedings. Working together can provide strength and diversification to the program and though there may be some overlapping of duties this can be an added strength. We do believe there should be a central administrator who facilitates rather than dominates the program.

In keeping with the Treat objectives, the private community agency involved agreed to provide supportive social services to give the students twenty-four hour coverage, even though residential placement was unavailable. The main role to be assumed by the community agency is to provide a variety of social services to the students and their families. This consists of direct counseling if no other counseling agency is involved and direct counseling is needed. If another agency is involved, then the caseworker assumes a liaison role.

Placement aspects can be a part of the package if the student needs to be removed from the home. There may be instances when more than one community agency will be involved then the liaison caseworker will need to provide services, such as placement, which cannot be provided by the agency involved with the direct counseling.

Cooperation is the key to the success of a program such as Treat. Each segment gives the service it is able to provide and knows that the other agencies will do the same. If no one agency can meet the needs, then together they may find the solution.

Though residential placement may be needed and is unavailable, a project such as Treat can bridge the gap and in some cases prove to be a better choice. It has been found that parents must be trained to work with their troubled children if the maximum benefit is to be realized and the more closely they work with their children in learning the behavioral procedures the better able they are to change the environmental stress while the student is learning to adjust to everyday problems in living.

In working with Project Treat the community agency has certain staff members "on call" to go to the school or to Sequoyah on a moments notice to help work through any problems that may arise.

Project Treat was not devised to replace residential placement but to achieve the same objectives without removing the child from the home. It has been through the cooperative efforts of the agencies and the personnel selected to work in the program that we have been able to succeed in our endeavors.